



Justin Elicker
Mayor

Residential Rental Business License Program Inspection Form

Referred to NHHD

Address _____ Unit # _____ Owner's Name: _____ Date/Time: _____

Area	O	T	Result	Comment	Location	Deadline
Exterior & Public Areas						
Yard				<input type="checkbox"/> Trash <input type="checkbox"/> Debris <input type="checkbox"/> Junk Vehicle <input type="checkbox"/> Other:		
Porch/Stairs/Railings/Balusters /Handrails				<input type="checkbox"/> Danger of Collapse <input type="checkbox"/> Defective Parts <input type="checkbox"/> Permits Required for Repairs <input type="checkbox"/> Missing		
Lighting / Switch				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Not working <input type="checkbox"/> Insufficient		
Exits / Fire Escapes				<input type="checkbox"/> Obstructed <input type="checkbox"/> Permits Required for Repairs <input type="checkbox"/> Unsafe		24 Hrs.
Exterior Surfaces				<input type="checkbox"/> Defective <input type="checkbox"/> Chipping/Flaking Paint		
Common Areas						
Stairs / Railings / Handrails				<input type="checkbox"/> Danger of Collapse <input type="checkbox"/> Defective Parts <input type="checkbox"/> Missing Permits Required for Repairs		
Lighting / Fixtures / Switches				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Not working <input type="checkbox"/> Insufficient		
Doors / Windows / Locks				<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Defective <input type="checkbox"/> Not Weather Tight		
Smoke/CO Detectors / Emergency Lights				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Not Working <input type="checkbox"/> Outdated		24 Hrs.
Floors				<input type="checkbox"/> Tripping Hazard <input type="checkbox"/> Defective		
Basement/Cellar						
Lighting				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Insufficient		
Heating System				<input type="checkbox"/> Service <input type="checkbox"/> Repair <input type="checkbox"/> Exhaust connection not sealed		
Water Heaters				<input type="checkbox"/> Repair <input type="checkbox"/> Discharge Pipe Missing <input type="checkbox"/> Exhaust connection not sealed		
Smoke/CO Detectors				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Not Working		24 Hrs.
Electrical / Electric Panel Cover Blanks				<input type="checkbox"/> Exposed Wires <input type="checkbox"/> Mixed Wiring <input type="checkbox"/> Permits Required for Repairs		
Plumbing				<input type="checkbox"/> Leaks <input type="checkbox"/> Stoppage <input type="checkbox"/> Secure Pipes		
Ceilings				<input type="checkbox"/> Damp/Water Damage <input type="checkbox"/> Defective <input type="checkbox"/> Fire Rating (where required) <input type="checkbox"/> Repaint Area		
Dwelling Unit						
Doors / Windows / Locks / Knobs				<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Defective <input type="checkbox"/> Not Weather Tight <input type="checkbox"/> Unsafe		
Floors				<input type="checkbox"/> Tripping Hazard <input type="checkbox"/> Defective		
Ceilings				<input type="checkbox"/> Damp/Water Damage <input type="checkbox"/> Holes <input type="checkbox"/> Defective <input type="checkbox"/> Chipping/Flaking Paint <input type="checkbox"/> Repaint Area		
Walls				<input type="checkbox"/> Damp/Water Damage <input type="checkbox"/> Holes <input type="checkbox"/> Defective <input type="checkbox"/> Chipping/Flaking Paint <input type="checkbox"/> Repaint Area		
Smoke/CO Detectors				<input type="checkbox"/> Missing <input type="checkbox"/> Defective <input type="checkbox"/> Outdated		24 Hrs.
Electrical Outlets / Lighting / Switches				<input type="checkbox"/> Exposed Wires <input type="checkbox"/> Defective <input type="checkbox"/> Missing		
Egress				<input type="checkbox"/> Obstructed		
Infestation				<input type="checkbox"/> Vermin <input type="checkbox"/> Rodent <input type="checkbox"/> Bedbug		
Electrical				<input type="checkbox"/> Exposed Wires <input type="checkbox"/> Defective		
Plumbing				<input type="checkbox"/> Leaks <input type="checkbox"/> Stoppage		
Sink				<input type="checkbox"/> Leaks <input type="checkbox"/> Stoppage <input type="checkbox"/> Water runs continuously		
Tub/Shower				<input type="checkbox"/> Leaks <input type="checkbox"/> Stoppage <input type="checkbox"/> Water runs continuously		
Toilet				<input type="checkbox"/> Leaks <input type="checkbox"/> Stoppage <input type="checkbox"/> Water runs continuously <input type="checkbox"/> Loose		
<u>Ventilation</u>				<input type="checkbox"/> Defective <input type="checkbox"/> Insufficient <input type="checkbox"/> Missing		
<u>Doors / Windows</u>				<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Defective <input type="checkbox"/> Not weather tight		
Other/Notes:						

PLEASE NOTE THAT ANY FIRE SAFETY VIOLATIONS, NOT LIMITED TO SMOKE/CARBON MONOXIDE DETECTORS WILL REQUIRE A REINSPECTION WITHIN 24 HOURS.

Tenant/Representative understands that if the inspection failed, re-inspections are required until all violations listed on this form are corrected.
 Tenant/Representative consents to a re-inspection of the unit in his/her absence, by LCI and owner, provided that owner/agent has given them no less than 48-hour notice for inspection. If items cited are fire/safety, then re-inspection will be within 24 hours. *Tenant Initials* _____

Unless specified on this form by the inspector, all deficiencies are to be corrected within 30 days of inspection. *Owner/Agent Initial* _____

Inspector Signature / Date _____

Owner / Rep Signature _____

Tenant / Rep Signature _____

Inspector's Print Name _____

Owner / Rep Print Name _____

Tenant / Rep Print Name _____

INSPECTION FORM LEDGER

Area = area of property inspected

O = Property Owner's responsibility to correct violations/deficiencies on checklist

T= Tenant's responsibility to correct violations/deficiencies on checklist.

Result = item inspected Passed (P) or Failed (F)

Comment = item of concern

Location = location of violation

Deadline = Time required to correct violation

- 24 Hour Violations require 24 hours to correct and a re-inspection by LCI
- Violation that impede on the immediate health and safety of the occupants and/or general public may require immediate remediation as indicated by the inspector.
- All other violations/deficiencies require correction within 30 days from the day of the inspection, unless otherwise specified by the inspector on the inspection form.
- Property owners/agents are responsible for notifying tenants of any/all inspections to confirm consent, prior to inspection.
- Property owners are responsible for obtaining Permits when indicated on the inspection form for repairs.
- If violations are not corrected upon 1st re-inspection, a penalty shall be applied.
- Please note a penalty shall be applied for a No Entry/No Show upon the day of inspection/re-inspection.

Pertinent Contacts

- New Haven Building Department 203-946-8045
- New Haven Fire Department 203-946-6232
- New Haven Health Department 203-946-6999
- New Haven Public Works Department 203-946-7700
- New Haven Police Department – Animal Control 203-946-8110